

# MANUFACTURER CODE ENTRY FORM

**Full Manufacturer Name**

[illegible]

**Manufacturer Short Name**

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**V.I. Mfr Code**

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(Assigned by CFEIS Team)

**E.F. Mfr Code**

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(Assigned by CFEIS Team)

**CERT MY Date** \_\_\_\_\_

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**Domestic** \_\_\_\_\_ **Foreign** \_\_\_\_\_ **Unknown** \_\_\_\_\_

## Manufacturer Type

(Check all that apply)

	Large Volume		Small Volume		ICI		Heavy Duty		Motorcycle		Test Lab		Marine		Large Off Road		Small Off Road		Government
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## Manufacturer Contact Information

Recipient Name and Title	
Company Division	
Company Name	
Street Address	
City, State	
Zip, Country	
Phone	
Fax	
E-mail	

## Coordination

OFFICE	NAME	DATE
Cert Team Rep.		
CFEIS Team Rep.		
Computer Operations Window		

**Computer Operations logs receipt, copies this form and sends copies to the following people based on the MFR Type:**

**LDV:** Manual Arana (LCS) \_\_\_\_\_ Helen Bucklin (STAR) \_\_\_\_\_ John Hendon \_\_\_\_\_ Sally Hollowell \_\_\_\_\_

**HD or Non-Road:** Helen Bucklin (STAR) \_\_\_\_\_ **Notify Anne Wick in D.C.** \_\_\_\_\_

**Motorcycles:** Kassem Abbas \_\_\_\_\_ Helen Bucklin (STAR) \_\_\_\_\_

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